

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23413

1. PLACE OF DEATH

County Buchanan Registration District No. 26
Township Buchanan Primary Registration District No. 5127
City Marion (No. County Town)

File No. 23413
Registered No. 76
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. County Town St. Mo. Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND (OR) WIFE OF Taylor Milligan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 / 1848

7. AGE YEARS 85 MONTHS 8 DAYS 4 IF LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Iowa

13. NAME John Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) Charles Milligan

18. BIRTH, DEATH, OR REMOVAL PLACE Marion Mo. DATE July 29, 1934

19. UNDERTAKER (ADDRESS) Wm. F. Funderburg

FILED July 28, 1934 J. J. Bunn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1934 to July 24th, 1934

I last saw him alive on July 24th, 1934 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Myocarditis Chron.

Other contributory causes of importance:

Isolation

Name of operation none Date of 0

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 1900

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify 0

(Signed) A. C. Stoller M. D.
(Address) 822 Edmond St. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

